Case 21-11590-amc Doc 12 Filed 06/30/21 Entered 06/30/21 15:07:09 Desc Main

0.000	Doc	cument Page 1	of 40	2 000
Fill in this information to identi	fy your case a	nd this filing:		
Debtor 1 Linda First Name	L Middle Name	Artman Last Name	_	
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	_	
United States Bankruptcy Court for the:	EASTERN DIST.	OF PENNSYLVANIA		
Case number (if known) 21-11590			<u> </u>	if this is an ded filing
Official Form 106A/B				
Schedule A/B: Property				12/15
Part 1: Describe Each Residue. Do you own or have any legal or equally response to this form. On the top of any address to this form. On the top of any address to this form. On the top of any address to the top of a	ditional pages, wi	rite your name and case	number (if known). Answer even	ery question.
Yes. Where is the property?				
1.1. 408 Bridge Street, Spring City, PA 19475	What is the Check all the		Do not deduct secured cla amount of any secured cla Creditors Who Have Clain	ims on Schedule D:
\$191,843.19 (Online Appraisal \$230,914.00 minus estimated sales commission \$23,091.40, minus 1/2	Duplex o	or multi-unit building ninium or cooperative ctured or mobile home	Current value of the entire property? \$230,914.00	Current value of the portion you own?
equity of joint owner \$15,979.41) Chester County	☐ Land ☐ Investm ☐ Timesha ☐ Other	ent property are	Describe the nature of you interest (such as fee sim entireties, or a life estate	ple, tenancy by the
•		interest in the property	? Tenants in Common	
	Check one. Debtor 1 Debtor 2	1 only	Check if this is comm (see instructions)	nunity property
		mation you wish to add a entification number:	about this item, such as local	_
2. Add the dollar value of the portion	you own for all of	your entries from Part 1	, including any	^ , , , , , , , , , ,

entries for pages you have attached for Part 1. Write that number here......

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Deb	tor 1	Linda L Artr	man			Case	e number (if known) 21-1	1590	
Pa	art 2:	Describe	Your Vehicles						
-	own that	someone else	• .	e a v	erest in any vehicles, whether they ehicle, also report it on Schedule G: buicles, motorcycles		_	-	
	□ No ☑ Yes	:							
3.1. Mak Mod Yeai Appi	lel: r:				no has an interest in the property? eck one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		Do not deduct secured clair amount of any secured clair Creditors Who Have Claims Current value of the entire property? \$18,910.00	ms on Schedule D:	ty. ne
	-		approx. 19,849		Check if this is community proper (see instructions)	erty			
Othe 201 (ap	lel: r: roximate er informa 2 Chrys prox. 12 nicle Nee	Tov 201 mileage: 129 ation: sler Town & 29,905 miles) eds Repair & raft, aircraft, n es: Boats, trail	O,905 Country Inspection notor homes, ATVs	Ch M	no has an interest in the property? eck one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anot Check if this is community proper (see instructions) I other recreational vehicles, other attercraft, fishing vessels, snowmobile	other e rty		ms on Schedule D:	ty. ne
5.					for all of your entries from Part 2, it 2. Write that number here			\$23,331	.00
Pa	art 3:	Describe	Your Personal	and	Household Items				
Do y 6.	Househ	nold goods an			st in any of the following items? china, kitchenware			Current value of the portion you own? Do not deduct secun claims or exemption	red
	□ No ▼ Yes	. Describe	All household g	ood	s & furnishings			\$750	.00
7.		es: Television			o, stereo, and digital equipment; comes including cell phones, cameras, m			1	
	☐ No ✓ Yes	. Describe	All home electro	onic	s including larger items 2 TVs,	iPad	d, Cell Phone	\$450	.00

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Deb	tor 1	Linda L Artn	nan	Case number (if known)21-1	1590
8.			nd figurines; paintings, prints, or other artwork; books, picture n, or baseball card collections; other collections, memorabilia	es, or other art objects;	
	✓ No ☐ Yes	. Describe]
9.	Example		and hobbies otographic, exercise, and other hobby equipment; bicycles, pod kayaks; carpentry tools; musical instruments	ool tables, golf clubs, skis;	
		. Describe]
10.	Firearm Example No		es, shotguns, ammunition, and related equipment		
		. Describe]
11.	Clothes Example □ No		clothes, furs, leather coats, designer wear, shoes, accessorie	s	
		. Describe	Used Clothes		\$200.00
12.			ewelry, costume jewelry, engagement rings, wedding rings, h	eirloom jewelry, watches, gems,	
	☐ No ✓ Yes	. Describe	Jewelry		\$50.00
13.		m animals es: Dogs, cats	, birds, horses		
		. Describe]
14.	Any oth did not	-	nd household items you did not already list, including an	y health aids you	
	Yes	. Give specific]
15.			of all of your entries from Part 3, including any entries for Vrite the number here		\$1,450.00
P	art 4:	Describe	Your Financial Assets		
Do ː	you own	or have any lo	egal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	es: Money you petition	have in your wallet, in your home, in a safe deposit box, and	on hand when you file your	
	☐ No ✓ Yes			Cash:	\$500.00

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Deb	tor 1 <u>L</u>	inda L Artman	Case number (if known) 21-115	590
17.	Deposits <i>Examples</i>	: Checking, saving	gs, or other financial accounts; certificates of deposit; shares in credit unions, es, and other similar institutions. If you have multiple accounts with the same ach.	
	□ No ☑ Yes		Institution name:	
	17.1.	Checking acco	ount: Key Bank Checking Acct#****5671	\$0.00
	17.2.	Checking acco		\$2,155.00
18.	Examples No	Bond funds, inve	ublicly traded stocks estment accounts with brokerage firms, money market accounts	
	_		Institution or issuer name:	
19.			and interests in incorporated and unincorporated businesses, including nership, and joint venture	
	✓ No ☐ Yes.	Give specific ation about	Name of entity: % of ownership:	
20.	Negotiable	<i>instrument</i> s inclu	e bonds and other negotiable and non-negotiable instruments ude personal checks, cashiers' checks, promissory notes, and money orders. are those you cannot transfer to someone by signing or delivering them.	
	inform	Give specific ation about	Issuer name:	
21.		nt or pension acc Interests in IRA, profit-sharing pla	ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or	
		List each nt separately. T	ype of account: Institution name:	
22.	Your share Examples		posyments posits you have made so that you may continue service or use from a company n landlords, prepaid rent, public utilities (electric, gas, water), telecommunications	
	☑ No			
	_	/A	Institution name or individual:	
23.	☑ No		specific periodic payment of money to you, either for life or for a number of years)	
24.	Interests	in an education II	Issuer name and description: RA, in an account in a qualified ABLE program, or under a qualified state tuition program, or under a qualified state tuition program.	gram.
	20 0.3.C.	99 550(b)(1), 529/	A(b), and 529(b)(1).	
			Institution name and description. Separately file the records of any interests. 11 U.S.C. §	§ 521(c)
25.		quitable or future xercisable for you	interests in property (other than anything listed in line 1), and rights or ur benefit	
	☑ No	-		
		Give specific ation about them		

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Deb	tor 1 Linda L Artman		Case number (if known	21-11590
26.		, trade secrets, and other intellectual props, websites, proceeds from royalties and licer	=	
	. No	· · · · · · · · · · · · · · · · · · ·		
	Yes. Give specific information about them			
27.	Licenses, franchises, and other Examples: Building permits, exclu	general intangibles sive licenses, cooperative association holdir	ngs, liquor licenses, profession	onal licenses
	✓ No ☐ Yes. Give specific			
Mor	information about themney or property owed to you?			Current value of the
	io, oi piopoli, olica la jeui			portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you			
	☑ No			
	Yes. Give specific information			Federal:
	about them, including whether you already filed the returns			State:
	and the tax years			Local:
29.	Family support Examples: Past due or lump sum	alimony, spousal support, child support, mair	ntenance, divorce settlemen	t, property settlement
	☑ No			
	Yes. Give specific information	1	Alimony:	
			Maintenar	nce:
			Support:	
			Divorce se	ettlement:
				ettlement:
30.		ty insurance payments, disability benefits, sic Security benefits; unpaid loans you made to		s'
31.	Interests in insurance policies Examples: Health, disability, or life	e insurance; health savings account (HSA); c	credit, homeowner's, or rente	r's insurance
	No		,	
	Yes. Name the insurance company of each policy			
		Company name:	Beneficiary:	Surrender or refund value:
	C	Continental Life Insurance Policy		
	3	Term	Daughter	\$0.00
32.		lue you from someone who has died g trust, expect proceeds from a life insurance se someone has died	policy, or are currently	
	☑ No			
	Yes. Give specific information	1		

Deb	tor 1	Linda L Artman	Case number (if known) 21-11	1590
33.			whether or not you have filed a lawsuit or made a demand for payment nent disputes, insurance claims, or rights to sue	
	✓ No ☐ Yes	s. Describe each claim.		
34.	rights t	ontingent and unliquid o set off claims	lated claims of every nature, including counterclaims of the debtor and	
	✓ No ☐ Yes	s. Describe each claim.		
35.	-	ancial assets you did ı	not already list	
	✓ No ☐ Yes	s. Give specific informa	tion	
36.			vour entries from Part 4, including any entries for pages you have	\$2,655.00
Đ:	art 5:	Describe Any Rus	Liness-Related Property You Own or Have an Interest In. List any	roal estate in Part 1
		-		- Car Cotato III i art 1
37.	-		or equitable interest in any business-related property?	
		Go to Part 6. Go to line 38.		
				Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accour	nts receivable or comm	nissions you already earned	ciains of exemptions.
	✓ No ☐ Yes	s. Describe		
39.		equipment, furnishings es: Business-related co desks, chairs, elect	imputers, software, modems, printers, copiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes	s. Describe		
40.	Machin	ery, fixtures, equipme	nt, supplies you use in business, and tools of your trade	
	✓ No ☐ Yes	s. Describe		
41.	Invento	ory		
	☑ No			ı
	☐ Yes	s. Describe		

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Debt	otor 1	Linda L Artman	Case number (if known)	21-11590
42.	Interest	ts in partnerships or joi	pint ventures	
	✓ No ☐ Yes	s. Describe Name of	of entity: % of ownersh	nip:
43.	Custom	mer lists, mailing lists, o	or other compilations	
	▼ No □ Yes		e personally identifiable information (as defined in 11 U.S.C. § 101(41A))?	
44.	-		y you did not already list	
	_	s. Give specific informati		
			your entries from Part 5, including any entries for pages you have t number here	→ \$0.00
Pa			m- and Commercial Fishing-Related Property You Own or Havan interest in farmland, list it in Part 1.	ve an Interest In.
46.	-		I or equitable interest in any farm- or commercial fishing-related property?	
	سنا	. Go to Part 7. s. Go to line 47.		
				Current value of the portion you own? Do not deduct secured claims or exemptions.
	Farm an Example	les: Livestock, poultry, fa	arm-raised fish	
	Yes			
48.	Crops	either growing or harve	rested	
		s. Give specific		
49.	Farm ar	and fishing equipment, i	implements, machinery, fixtures, and tools of trade	
	✓ No ☐ Yes			<u> </u>
50.		and fishing supplies, ch	emicals, and feed	<u> </u>
	✓ No ☐ Yes			
51.	_		shing-related property you did not already list	
		s. Give specific		
52.			your entries from Part 6, including any entries for pages you have t number here	→ \$0.00

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Debtor 1 Linda L Artman Case number (if known) 21-11590 Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information. \$0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here..... Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2..... \$191,843.19 Part 2: Total vehicles, line 5 \$23,331.00 57. Part 3: Total personal and household items, line 15 \$1,450.00 58. Part 4: Total financial assets, line 36 \$2,655.00 \$0.00 59. Part 5: Total business-related property, line 45 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Copy personal 62. Total personal property. Add lines 56 through 61..... \$27,436.00 \$27,436.00 property total \$219,279.19 63. Total of all property on Schedule A/B. Add line 55 + line 62.....

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Debtor 1 Linda First Name Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: EASTERN Case number (if known)	Artman		
First Name Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: EASTERN Case number 21-11590			
Debtor 2 (Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: EASTERN Case number 21-11590	Last Name		
(Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: EASTERN Case number 21-11590			
Case number 21-11590	Last Name		
	I DIST. OF PENNS	YLVANIA	Check if this is an
			amended filing
Official Form 106C			
Schedule C: The Property You Cla	aim as Exemp	ot	04/1
Be as complete and accurate as possible. If two mar Using the property you listed on Schedule A/B: Properspace is needed, fill out and attach to this page as may write your name and case number (if known). For each item of property you claim as exempt, you is to state a specific dollar amount as exempt. Alto exempted up to the amount of any applicable statureceive certain benefits, and tax-exempt retirement exemption of 100% of fair market value under a law property is determined to exceed that amount, you part 1: Identify the Property You Claim 1. Which set of exemptions are you claiming? You are claiming state and federal nonbank You are claiming federal exemptions. 11 U	enty (Official Form 106 any copies of Part 2 ou must specify the a gernatively, you may atory limit. Some ex at fundsmay be unli w that limits the execute exemption would im as Exempt Check one only, exemptions.	SA/B) as your source, list the 2: Additional Page as necessamount of the exemption you claim the full fair market temptionssuch as those imited in dollar amount. It is must be limited to the applicable even if your spouse is filing	ne property that you claim as exempt. If moressary. On the top of any additional pages, you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the statutory amount.
2. For any property you list on Schedule A/B that		nnt fill in the information	holow
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you	Amount of the exemption you claim	Specific laws that allow exemption
	own Copy the value from Schedule A/B	Check only one box for each exemption	
	\$191,843.19	\$15,979.41 100% of fair market value, up to any	11 U.S.C. § 522(d)(1)
Brief description: 408 Bridge Street, Spring City, PA 19475 \$191,843.19 (Online Appraisal \$230,914.00 minus estimated sales commission \$23,091.40, minus 1/2 equity of joint owner \$15,979.41) Line from Schedule A/B:11		applicable statutory	

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Linda L Artman Case number (if known) 21-11590 Part 2: **Additional Page Current value of** Brief description of the property and line on Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$4,421.00 11 U.S.C. § 522(d)(2) $\overline{\mathbf{Q}}$ \$4,000.00 2012 Chrysler Town & Country (approx. 100% of fair market 129,905 miles) value, up to any applicable statutory limit Vehicle Needs Repair & Inspection (1st exemption claimed for this asset) Line from Schedule A/B: 3.2 Brief description: \$4,421.00 \$421.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{V}}$ 2012 Chrysler Town & Country (approx. 100% of fair market 129,905 miles) value, up to any applicable statutory limit Vehicle Needs Repair & Inspection (2nd exemption claimed for this asset) Line from Schedule A/B: 3.2 Brief description: \$750.00 \$750.00 11 U.S.C. § 522(d)(3) $oldsymbol{
abla}$ All household goods & furnishings 100% of fair market value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$450.00 \$450.00 11 U.S.C. § 522(d)(3) $oldsymbol{
abla}$ All home electronics including larger items 100% of fair market 2 TVs, iPad, Cell Phone value, up to any Line from Schedule A/B: 7 applicable statutory limit Brief description: \$200.00 \$200.00 11 U.S.C. § 522(d)(3) $oldsymbol{
abla}$ **Used Clothes** 100% of fair market value, up to any Line from Schedule A/B: 11 applicable statutory limit Brief description: \$50.00 \$50.00 11 U.S.C. § 522(d)(3) $oldsymbol{
abla}$ Jewelry 100% of fair market value, up to any Line from Schedule A/B: 12 applicable statutory limit Brief description: \$500.00 11 U.S.C. § 522(d)(5) \$500.00 $oldsymbol{
abla}$ U.S. Dollar 100% of fair market value, up to any Line from Schedule A/B: 16 applicable statutory limit Brief description: \$2,155.00 \$2,155.00 11 U.S.C. § 522(d)(5) $\overline{\mathbf{Q}}$ Phoenixville Federal Checking 100% of fair market Account#****3559 value, up to any applicable statutory Line from Schedule A/B: 17.2 limit

Debtor 1

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Debtor 1 Linda L Artman		Case numbe	Case number (if known) 21-11590			
Part 2: Additional Page						
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption			
	Copy the value from Schedule A/B	Check only one box for each exemption				
Brief description: Continental Life Insurance Policy	\$0.00	\$0.00 100% of fair market value, up to any	11 U.S.C. § 522(d)(7)			
Term Line from Schedule A/B: 31		applicable statutory limit				

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		Do	cument F	Page 12 of	40		
Fill in this inf	ormation to ide	ntify your case	:				
Debtor 1	Linda	L	Artman				
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court for th	ne: EASTERN DIS	T. OF PENNSY	LVANIA			
Case number	21-11590						
(if known)	21 11000					Check if this is amended filing	
Official Form	106D						
Schedule D:	Creditors W	/ho Have Cla	ims Secure	ed by Prop	perty		12/15
correct informatio On the top of any 1. Do any credit No. Che Yes. Fill Part 1: Lis 2. List all secure claim, list the correction has a much as poss	No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. Column A Amount of claim Do not deduct the value of collateral that supports this claim If any						
Bank of America Creditor's name	a, N.A.	secures the Residence	olu				
PO Box 5170							
Number Street							
			te you file, the cla	aim is: Check	all that apply.		
Simi Valley	CA 93062-51	☐ Continge ☐ Unliquida					
City	State ZIP Code	Disputed					
Who owes the deb	ot? Check one.		n. Check all that	apply.			
Debtor 1 only		☑ An agree	ement you made (s	such as mortga	ige or secured	car loan)	
Debtor 2 only Debtor 1 and D	ehtor 2 only		lien (such as tax		's lien)		
_	the debtors and and	other 📛 🔾	nt lien from a laws cluding a right to c				
Check if this o		U Other (in	olading a right to t	5.1.501/			
Date debt was inc	urred <u>12/2011</u>	Last 4 digits	of account numl	ber <u>3 1</u>	9 4		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$127,602.00

Debtor 1 Linda L Artman	Case number (if known) 21-11590				
Additional Page Part 1: After listing any entries on sequentially from the previous	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.2	Describe the property that secures the claim:	\$12,223.33	\$191,843.19		
EADEH Enterprises Creditor's name 511 Old Lancaster Road Number Street	Residence				
Suite 8	As of the date you file, the claim is:	Check all that apply.			
Berwyn PA 19312 City State ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed				
Who owes the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)				
Check if this claim relates to a community debt					
Date debt was incurred <u>04/22/2021</u>	Last 4 digits of account number	N_A_			
2.3	Describe the property that secures the claim:	\$36,038.45	\$191,843.19		
Pennsylvania Department of Revenue Creditor's name Bankruptcy Division, PO Box 280946 Number Street	Residence				
Harrisburg PA 17128-0946	As of the date you file, the claim is: Contingent Unliquidated	Check all that apply.			
City State ZIP Code Who owes the debt? Check one.	Disputed				
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Nature of lien. Check all that apply. ☐ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit				
Check if this claim relates to a community debt	Other (including a right to offset) Sales Taxes				
Date debt was incurred 06/18/2019	Last 4 digits of account number	N A			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$48,261.78

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Debtor 1 Linda L Artman	_ Case number (if known) 21-11590			
Additional Page Part 1: After listing any entries on sequentially from the previous		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
Wells Fargo Dealer Services Creditor's name MAC T9017-026 Number Street PO Box 168048 Irving TX 75016-8048 City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only	Describe the property that secures the claim: Vehicle As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me	s mortgage or secured	\$18,910.00 car loan)	
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	Judgment lien from a lawsuit Other (including a right to offset) Secured			
Date debt was incurred 07/2020	_Last 4 digits of account number	<u>1 3 4 6</u>		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$15,829.00

\$191,692.78

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Debtor 1	Linda L Artman			Case number (if known) _ 21-11590	
Part 2	2: List Others to Be Noti	fied for a	Debt That Yo	u Already Listed	
example then list list the	e, if a collection agency is trying t t the collection agency here. Sim	to collect fro ilarly, if you	m you for a deb have more than	uptcy for a debt that you already listed in Part 1. For tyou owe to someone else, list the creditor in Part 1, and one creditor for any of the debts that you listed in Part 1, ns to be notified for any debts in Part 1, do not fill out or	
	Lindsay A. Dunn, Esquire Name MacElree Harvey, Ltd. Number Street 17 West Miner Street			On which line in Part 1 did you enter the creditor? Last 4 digits of account number	2.2
	West Chester City	PA State	19382 ZIP Code	_	
2	Wells Fargo Bank, N.A. Name MAC# N9286-01Y Number Street 1000 Blue Gentian Road Eagan MN, 55121-7700			On which line in Part 1 did you enter the creditor? Last 4 digits of account number	<u>2.1</u> -
	City	State	ZIP Code	<u> </u>	

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			Document	Page 16 o	f 40		
Fill in this inf	ormation to	dentify your ca	ase:				
Debtor 1	Linda	L	Artman				
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court fo	or the: EASTERN	DIST. OF PENN	SYLVANIA			
Case number (if known)	21-11590					Check if this is a amended filing	an
Official Form	106E/F				•		
Schedule E/	F: Credito	rs Who Have	e Unsecured	l Claims			12/15
on Schedule A/B: Do not include any If more space is n to this page. On t	Property (Offic y creditors with leeded, copy the the top of any ac	ial Form 106A/B) a partially secured	and on Schedule (claims that are lis Il it out, number the rite your name an	G: Executory Co. sted in Schedule ne entries in the d case number (d result in a claim. Al ntracts and Unexpired D: Creditors Who Hoboxes on the left. Attail if known).	l Leases (Officia Id Claims Secur	l Form 106G). ed by Property.
1. Do any credit	tors have priori	y unsecured clain	ns against you?				
☐ No. Go t ☑ Yes.	to Part 2.						
claim. For each show both price more space is	ch claim listed, io prity and nonprio	dentify what type of rity amounts. As m rity unsecured clain	claim it is. If a cla nuch as possible, lis	im has both prion at the claims in al	insecured claim, list the ity and nonpriority amou phabetical order accord Part 1. If more than on	unts, list that clair ling to the credito	m here and or's name. If
(For an explar	nation of each ty	pe of claim, see the	instructions for thi	s form in the inst	ruction booklet.		
					Total claim	Priority amount	Nonpriority amount
2.1					\$3,113.00	\$3,113.00	\$0.00
Timothy E. Wilfo			Last 4 digits of a	ccount number			
Priority Creditor's Nam Law Office of Ti		ng LLC	When was the de		 06/14/2021		
Number Street 20 South Main S	Street						
20 00411 1114111 0	711 001		As of the date you	u file, the claim	is: Check all that apply	/.	
Phoenixville City	PA State	19460 ZIP Code	Unliquidated Disputed				
Who incurred the			Type of PRIORIT	Y unsecured cla	im:		
Debtor 1 only				port obligations			
Debtor 2 only Debtor 1 and D	Debtor 2 only				you owe the governme jury while you were	nt	
At least one of	the debtors and	another	intoxicated	au or personal III	gary willie you wele		
Check if this o			Other. Specif	у			
Is the claim subject	ct to offset?		Attorney fee	es for this case	9		
Mo ☐ Yes							

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Debtor 1	Linda L Artman	Case number (if known)	
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims	
_	• , ,	I claims against you? Submit this form to the court with your other schedules.	
If a cred type of	ditor has more than one nonpriority unse claim it is. Do not list claims already inc	in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed luded in Part 1. If more than one creditor holds a particular claim, list the other unsecured claims, fill out the Continuation Page of Part 2.	•
			Total claim
4.1 Bank Of Ai Nonpriority Cre PO Box 98 Number	editor's Name	Last 4 digits of account number 5 9 1 4 When was the debt incurred? 09/2015 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$1,386.00
Debtor 1 Debtor 2 Debtor 1 At least Check if	•	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
Nonpriority Cre 4515 N Sai		Last 4 digits of account number 1 7 9 4 When was the debt incurred? 10/1997 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$2,838.00
At least Check if	State ZIP Code ed the debt? Check one. only	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ▼ Other. Specify Usecured	

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Debtor 1 Linda L Artman	Case number (if known) 21-11590
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page
After listing any entries on this page, number the previous page.	em sequentially from the Total claim
4.3	\$194.00
Capital One Bank (USA), N.A. Nonpriority Creditor's Name 4515 N Santa Fe Ave Number Street	Last 4 digits of account number 8 2 4 9 When was the debt incurred? 12/2001 As of the date you file, the claim is: Check all that apply. Contingent
	 ☐ Unliquidated ☐ Disputed
Oklahoma City City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured
Is the claim subject to offset?	
✓ No ☐ Yes	
4.4	\$5,041.00
Citibank, N.A. Nonpriority Creditor's Name	Last 4 digits of account number _9 _7 _6 _3_
5800 S Corporate PI	When was the debt incurred? 12/2016
Number Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
Sioux Falls SD 57108-5027 City State ZIP Code	
Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured
Is the claim subject to offset? No Yes	

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Debtor 1 Linda L Artman	Case number (if known) _ 21-11590
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page
After listing any entries on this page, number the previous page.	m sequentially from the Total claim
4.5	\$236.00
Citibank, N.A., Nonpriority Creditor's Name 701 East 60th Street North Number Street	Last 4 digits of account number 4 4 1 3 When was the debt incurred? 06/2002 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated
Sioux Falls SD 57117	Disputed
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes The Home Depot	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured
4.6	\$421.01
Independence Blue Cross	Last 4 digits of account number 8 4 8 2
Nonpriority Creditor's Name 1901 Market Street	When was the debt incurred? 10/06/2020
Number Street	As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed
Philadelphia City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical

Debtor 1 Linda L Artman	Case number (if known) 21-11590	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.7		\$2,177.00
JPMorgan Chase Bank, N.A. Nonpriority Creditor's Name c/o National Bankruptcy Services, LLC Number Street P.O. Box 9013	Last 4 digits of account number 4 7 5 3 When was the debt incurred? 06/2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	<u> </u>
Addison TX 75001	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Unsecured 	
✓ No Yes		
4.8		\$2,603.00
KeyBank N.A.	Last 4 digits of account number 2 2 8 4	
Nonpriority Creditor's Name	When was the debt incurred? 01/2013	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Brooklyn OH 44144	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ✓ Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Unsecured	
Is the claim subject to offset? ✓ No ✓ Yes		
4.9		\$9,162.68
KeyBank N.A.	Last 4 digits of account number 0 4 5 2	
Nonpriority Creditor's Name	When was the debt incurred? 04/25/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
Brooklyn OH 44144	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ✓ Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Unsecured	
Is the claim subject to offset? ✓ No		
☑ No □ Yes		

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Debtor 1	Linda L Artman	Case number (if known) 21-11590	
Part 2:	Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing previous pa	any entries on this page, number the ge.	em sequentially from the	Total claim
4.10			\$440.12
KeyBank Nonpriority Cre 4910 Tiede Number	editor's Name	Last 4 digits of account number 5 2 8 2 When was the debt incurred? Various As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Brooklyn	OH 44144	Disputed	
Who incurred Debtor 1 Debtor 2 Debtor 1 At least	State ZIP Code ed the debt? Check one. only	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	
Yes			
4.11			\$21,239.32
KeyBank N Nonpriority Cre 4910 Tiede Number	ditor's Name	Last 4 digits of account number 3 9 7 8 When was the debt incurred? 2013 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
Brooklyn	OH 44144	Disputed	
At least	only	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	

S/B/M to First Niagara Bank, N.A.

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Debtor 1 Linda L Artman	Case number (if known)	
Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.12		\$233.00
Kohls Nonpriority Creditor's Name Po Box 3043 Number Street	Last 4 digits of account number 6 9 1 1 When was the debt incurred? 07/2003 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
MII - 1	Disputed	
Milwaukee City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charger Card	
Yes		
Midland Credit Management, Inc. Nonpriority Creditor's Name PO Box 2037 Number Street	Last 4 digits of account number 4 1 3 8 When was the debt incurred? 12/2020 As of the date you file, the claim is: Check all that apply.	\$1,796.00
	Contingent Unliquidated	
Warren City State ZIP Code Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No	Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Secured	

Wayfair/Comenity

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Debtor 1 Linda L Artman	Case number (if known)
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page
After listing any entries on this page, number the previous page.	em sequentially from the Total claim
4.14	\$520.64
Nationwide Insurance Nonpriority Creditor's Name One Nationwide Plaza Number Street	Last 4 digits of account number 5 6 5 8 When was the debt incurred? Various As of the date you file, the claim is: Check all that apply. Contingent
	Unliquidated Disputed
Columbus City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Unsecured
Is the claim subject to offset? ✓ No	
Yes	
4.15	\$9,725.00
Sandra Holliday Nonpriority Creditor's Name 63 Octorara Rd Number Street	Last 4 digits of account number 2 0 2 1 When was the debt incurred? 05/07/2021 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed
Parkersburg PA 19365 City State ZIP Code	
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Pending Lawsuit
✓ No Yes	

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Debtor 1 Linda L Artman	Case number (if known) 21-11590	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	em sequentially from the Total claim	n
4.16	\$626	.00
Synchrony Bank Nonpriority Creditor's Name c/o PRA Receivables Management, LLC Number Street PO Box 41021	Last 4 digits of account number 0 6 9 4 When was the debt incurred? 11/2012 As of the date you file, the claim is: Check all that apply. Unliquidated Disputed	
Norfolk VA 23541	Disputed	
City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ✓ No	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	
TJX		
4.17	\$14,548	.00
Upstart Network Inc. Nonpriority Creditor's Name	Last 4 digits of account number <u>9 3 3 6</u> When was the debt incurred? 12/30/2020	
2 Circle Star Way Number Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	
San Carlos CA 94070	Disputed	
City State ZIP Code Who incurred the debt? Check one. ✓ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ✓ No ☐ Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Unsecured	

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Debtor 1 Lind	la L Artman			(Case number (if known)	21-11590
Part 3: Lis	st Others to B	e Notified Abo	ut a Debt That Y			
5. Use this pag For example creditor in P debts that yo	, if a collection ag arts 1 or 2, then l ou listed in Parts	gency is trying to ist the collection a	collect from you fo agency here. Simil litional creditors he	r a debt you d arly, if you ha	a debt that you already owe to someone else, list ove more than one credi not have additional par	st the original tor for any of the
Bank of Americ	a, N.A.		On which entry	in Part 1 or P	art 2 did you list the ori	ginal creditor?
P O Box 982284 Number Street	ı		Line 4.1 of	(Check one):	_	th Priority Unsecured Claims th Nonpriority Unsecured Claims
El Paso City	TX State	79998-2238 ZIP Code	Last 4 digits of	account num	ber	
Capital One Bar	nk N.A.		On which entry	in Part 1 or P	art 2 did you list the ori	ginal creditor?
Name Attn: Bankrupto Number Street PO Box 30285	cy Dept.		Lineof	(Check one):		th Priority Unsecured Claims th Nonpriority Unsecured Claims
Salt Lake City	UT State	84130-0285 ZIP Code	— Last 4 digits of —	account num	ber	
Capital One Bar	nk N.A.		On which entry	in Part 1 or P	art 2 did you list the ori	ginal creditor?
Name Attn: Bankrupto Number Street PO Box 30285	cy Dept.		Line <u>4.3</u> of	(Check one):	_	th Priority Unsecured Claims th Nonpriority Unsecured Claims
Salt Lake City City	UT State	84130-0285 ZIP Code	Last 4 digits of	account num	ber	
Capital One Bar	nk N.A.		On which entry	in Part 1 or P	art 2 did you list the ori	ginal creditor?
Name Attn: Bankrupto Number Street PO Box 30285	cy Dept.		Lineof	(Check one):	_	th Priority Unsecured Claims th Nonpriority Unsecured Claims
Salt Lake City City	UT State	84130-0285 ZIP Code	Last 4 digits of	account num	ber	
Chase			On which entry	in Part 1 or P	art 2 did you list the ori	ginal creditor?
PO Box 15298 Number Street			Line <u>4.7</u> of	(Check one):	_	th Priority Unsecured Claims th Nonpriority Unsecured Claims

Wilmington City

DE

State

19850-5298

ZIP Code

- Last 4 digits of account number

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Debtor 1 Linda L A	Artman			Case number (if known) 21-11590
Part 3: List Ot	hers to B	e Notified Abo	ut a Debt That You Alread	y Listed Continuation Page
Citi			On which entry in Part 1 or	Part 2 did you list the original creditor?
Name Po Box 6241			Line 4.5 of (Check one)	Part 1: Creditors with Priority Unsecured Claims
Number Street			=	
			_	Part 2: Creditors with Nonpriority Unsecured Claims
			 Last 4 digits of account nur 	nber
Sioux Falls City	SD State	57117-6241 ZIP Code	<u> </u>	
,				
Citi			On which entry in Part 1 or	Part 2 did you list the original creditor?
Name Po Box 6241			Line 4.4 of (Check one)	Part 1: Creditors with Priority Unsecured Claims
Number Street				Part 2: Creditors with Nonpriority Unsecured Claims
			── ── Last 4 digits of account nur	nher
Sioux Falls	SD	57117-6241		
City	State	ZIP Code		
Credit Collection Ser	rvices		On which entry in Part 1 or	Part 2 did you list the original creditor?
Name 725 Canton Street			Line 4.14 of (Check one)	Part 1: Creditors with Priority Unsecured Claims
Number Street				Part 2: Creditors with Nonpriority Unsecured Claims
			<u> </u>	(
Maria de la constanta de la co		00000	 Last 4 digits of account nur 	nber
Norwood City	MA State	02062 ZIP Code	_	
Independence Blue (Cross		On which entry in Part 1 or	Part 2 did you list the original creditor?
PO Box 41820			Line of (Check one)	Part 1: Creditors with Priority Unsecured Claims
Number Street			_	Part 2: Creditors with Nonpriority Unsecured Claims
			 Last 4 digits of account nur 	nber
Philadelphia	PA	19101-1820	_	
City	State	ZIP Code		
Keybank National As	sociation		On which entry in Part 1 or	Part 2 did you list the original creditor?
Name PO Box 94968			Line 4.10 of (Check one)	Part 1: Creditors with Priority Unsecured Claims
Number Street			<u> </u>	Part 2: Creditors with Nonpriority Unsecured Claims
			_	
Cleveland	ОН	44101-4968	 Last 4 digits of account nur 	nber
City	State	ZIP Code	_	
Midlered O : 124 M		_	On which out to be did	Doub 0 did you liet the eniminal analities 0
Midland Credit Mana Name	igement in	С	_	Part 2 did you list the original creditor?
PO Box 301030 Number Street			Line <u>4.13</u> of (Check one)	Part 1: Creditors with Priority Unsecured Claims
			_	Part 2: Creditors with Nonpriority Unsecured Claims
			 Last 4 digits of account nur 	nber
Los Angeles City	CA State	90030-1030 ZIP Code	_	_
~,	Olalo	0000		

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Debtor 1 Linda L	Artman		Case number (if known) 21-11590
Part 3: List C	Others to B	e Notified Abo	ut a Debt That You Already Listed Continuation Page
Synchrony Bank			On which entry in Part 1 or Part 2 did you list the original creditor?
Name Attn: Bankruptcy D	Dept.		Line 4.16 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street PO Box 965060			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number
Orlando City	FL State	32896-5060 ZIP Code	
Upstart Network, Ir	nc.		On which entry in Part 1 or Part 2 did you list the original creditor?
Name 2950 S. Delaware S	Street		Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number
San Mateo City	CA State	94403 ZIP Code	<u> </u>
Upstart Operations	s Dept.		On which entry in Part 1 or Part 2 did you list the original creditor?
Name P.O. Box 1503			Line 4.17 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
			— Last 4 digits of account number
San Carlos	CA	94070	<u> </u>
City	State	ZIP Code	

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Debtor 1	Linda L Artman	Case number (if known) _ 21-11590	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. \$0.00
	6b.	Taxes and certain other debts you owe the government	6b. \$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$3,113.00
	6e.	Total. Add lines 6a through 6d.	6d. \$3,113.00
			Total claim
Total claims from Part 2	6f.	Student loans	6f. \$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$73,186.77
	6j.	Total. Add lines 6f through 6i.	6j. \$73,186.77

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Fill in this inf	ormation to iden							
Debtor 1	Linda First Name	L Middle Name	Artman Last Name					
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name					
United States Ba	United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA							
Case number (if known)	21-11590				Check if this is an amended filing			

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
 is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
 executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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			Do	cument I	Page 30 of	40
Fill in	this infe	ormation to ide	ntify your case			
Debtor	1	Linda First Name	L Middle Name	Artman Last Name		
Debtor (Spous	2 e, if filing)	First Name	Middle Name	Last Name		
United	States Bar	nkruptcy Court for th	ne: EASTERN DIS	T. OF PENNSY	LVANIA	
Case n (if know		21-11590			_	Check if this is an amended filing
Officia	al Form	<u>106H</u>				
Sche	dule H:	Your Codek	otors			12/1
Dage. O	you have a No Yes hin the las ude Arizon No. Go to Yes. Did No Yes	of any Additional F any codebtors? t 8 years, have yo a, California, Idaho o line 3. your spouse, forme	Pages, write your n (If you are filing a jour in a commu), Louisiana, Nevada er spouse, or legal e	ame and case no int case, do not li nity property sta , New Mexico, Pu quivalent live with	st either spouse ate or territory' lerto Rico, Texa	? (Community property states and territories as, Washington, and Wisconsin.)
per: cre	son show ditor on S	n in line 2 again as chedule D (Officia	a codebtor only if	that person is a dule E/F (Officia	guarantor or o	or if your spouse is filing with you. List the cosigner. Make sure you have listed the i), or Schedule G (Official Form 106G). Use
(Column 1:	Your codebtor				Column 2: The creditor to whom you owe the debt
						Check all schedules that apply:
·	Leon C A	nton				Schedule D, line 2.1
	56 Buchv	valter Road Street				Schedule E/F, line
-						Schedule G, line
	Spring Ci	ty	PA State	19475 ZIP Code		Bank of America, N.A.

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	70.55 ==		Doo	cument Pa	age :	31 of 40	_	
F	ill in this inform	nation to ide	entify your case:					
	Debtor 1	Linda	L	Artman				
		First Name	Middle Name	Last Name			Che	ck if this is:
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				An amended filing
		uptcy Court for	r the: EASTERN D	IST. OF PENNS	YLVA	NIA		A supplement showing postpetition
	Case number (if known)	21-11590			_			chapter 13 income as of the following date:
	,)CI						MM / DD / YYYY
	ficial Form 10		_					40/45
<u> </u>	chedule I: Yo	ur incom	e					12/15
inc abo you	lude information al out your spouse. If ur name and case n	oout your spo more space i	use. If you are sepai s needed, attach a se wn). Answer every o	ated and your sp parate sheet to tl	ouse i	is not filing	with y	spouse is living with you, ou, do not include information any additional pages, write
1.	Fill in your emplo							
	information. If you have more t	han one		Debtor 1				Debtor 2 or non-filing spouse
	job, attach a separ	rate page E	Employment status	☐ Employed✓ Not employ	ed.			☐ Employed ☐ Not employed
	additional employe	ers.	Occupation	<u></u> ,				_ ,,,
	Include part-time, or self-employed v	and a	Employer's name					
	Occupation may ir student or homem applies.		Employer's address	Number Street				Number Street
				City		State Zip C	ode	City State Zip Code
		H	low long employed t	here?				
P	art 2: Give D	etails Abou	ut Monthly Incom	e				
			-		nina ta	report for a	nv line	, write \$0 in the space. Include your
nor	n-filing spouse unles	s you are sepa	rated.					
			more than one employ ate sheet to this form.	er, combine the inf	ormat	ion for all en	nployer	rs for that person on the lines below. If
						For Debtor	r 1	For Debtor 2 or non-filing spouse
2.			ary, and commission nonthly, calculate wha		2.	\$	0.00	
3.	Estimate and list	monthly over	time pay.		3. •	+\$	0.00	
4.	Calculate gross i	ncome. Add I	ine 2 + line 3.		4.	\$	0.00	

Official Form 106I Schedule I: Your Income page 1

Deb	otor 1 Linda L Artman		Case nur	nber (if kn	nown) 21-1	1590
			For Debtor 1	For De	btor 2 or ing spouse	
	Copy line 4 here	4.	\$0.00			
5.	List all payroll deductions:					
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00			
	5b. Mandatory contributions for retirement plans	5b.	\$0.00			
	5c. Voluntary contributions for retirement plans	5c.	\$0.00			
	5d. Required repayments of retirement fund loans	5d.	\$0.00			
	5e. Insurance	5e.	\$0.00			
	5f. Domestic support obligations	5f.	\$0.00			
	5g. Union dues	5g.	\$0.00			
	5h. Other deductions. Specify:	5h. +	\$0.00			
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$0.00			
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4	. 7.	\$0.00			
8.	List all other income regularly received:					
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$1,725.00			
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
	8b. Interest and dividends	8b.	\$0.00			
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
	8d. Unemployment compensation	8d.	\$0.00			
	8e. Social Security	8e.	\$1,751.00			
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify:	8f.	\$0.00			
	8g. Pension or retirement income	— 8g.	\$0.00	-		
	8h. Other monthly income.					
	Specify:	8h. +	\$0.00			
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	. 9.	\$3,476.00			
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$3,476.00	+		\$3,476.00
11.	State all other regular contributions to the expenses that you list in Include contributions from an unmarried partner, members of your house friends or relatives.			ır roomma	ates, and othe	er
	Do not include any amounts already included in lines 2-10 or amounts the	nat are n	ot available to pay	expenses	listed in Sche	edule J.
	Specify: Ex-Husband Contribution				11. +	\$600.00
12.	Add the amount in the last column of line 10 to the amount in line 11 income. Write that amount on the Summary of Your Assets and Liabiliti if it applies.					\$4,076.00 Combined monthly income
13.	Do you expect an increase or decrease within the year after you file	this for	m?			
	✓ No. None.				· · · ·	
	Yes. Explain:					

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Debtor 1	Linda L Artman		Case number (if known)	21-11590
8a. Attache	ed Statement (Debtor 1)			
		Pet Sitting		
Gross Mo	onthly Income:			\$1,725.00
<u>Expense</u>		<u>Category</u>	<u>Amount</u>	
Total Mor	nthly Expenses			\$0.00
Net Monti	hly Income:			\$1,725.00

Official Form 106l Schedule I: Your Income page 3

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F	ill in this inforn	nation to ide	entify	your case:			Che	eck if this	e ie:	
	Debtor 1	Linda		L	Artm	an	7 🗂		ended filing	
		First Name		Middle Name	Last Na	ame			lement showing	
ı	Debtor 2 (Spouse, if filing)	First Name		Middle Name	Last Na	ame			r 13 expenses a ng date:	s of the
	United States Bank		the:						D ()000(<u> </u>
	Case number (if known)	21-11590		LACILINI DIOT	OFFER	—		MM / D	D / YYYY	
	ficial Form 10)6.I					_			
	chedule J: Yo		242							12/15
Be cor	as complete and a	ccurate as pos f more space i	ssible. is need	ed, attach anothe		ling together, both a this form. On the to				
Р	art 1: Descr	ibe Your Ho	useh	old						
1.	Is this a joint cas	e?								
	□ No	Debtor 2 live in s. Debtor 2 mu	ıst file (2, Expense	s for Separate House	ehold o	of Debtor	2.	
2.	Do you have dep	endents?	N N		rmation	Dependent's relat	ionshi	ip to	Dependent's	Does dependent
	Do not list Debtor Debtor 2.	1 and		es. Fill out this info or each dependent.		Dobtor 1 or Dobto			age	live with you?
	Do not state the d names.	ependents'								Yes No Yes No Yes No Yes No Yes No No No No
3.	Do your expense expenses of peo yourself and you	ple other than	•	✓ No Yes						- □ Yes
Р	art 2: Estima	ate Your On	going	Monthly Expe	enses					
to r		of a date after	r the ba			are using this form a supplemental Sche				
	lude expenses paid th assistance and					ı know the value of cial Form 106l.)			Your expens	ses
4.				ses for your reside y rent for the groun					4	\$1,323.00
	If not included in	line 4:								
	4a. Real estate t	axes							4a	
	4b. Property, hor	meowner's, or re	enter's	insurance					4b	
	4c. Home mainte	enance, repair,	and up	keep expenses					4c	
	4d. Homeowner's	s association o	condo	minium dues					4d	

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Deb	tinda L Artman Case	e number (if known)	<u>21-11590</u>
		Your (expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5	
6.	Utilities:		
	6a. Electricity, heat, natural gas (See continuation sheet(s) for	details) 6a	\$175.00
	6b. Water, sewer, garbage collection	() 6b	\$80.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$175.00
	6d. Other. Specify: Cell Phone	6d.	\$150.00
7.	Food and housekeeping supplies	7	\$250.00
8.	Childcare and children's education costs	8	
9.	Clothing, laundry, and dry cleaning	9.	\$30.00
10.	Personal care products and services	10.	
11.	Medical and dental expenses	11.	\$50.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$100.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13	
14.	Charitable contributions and religious donations	14	
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	\$40.00
	15b. Health insurance	15b	\$134.00
	15c. Vehicle insurance	15c	\$309.00
	15d. Other insurance. Specify:	15d	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1 Vehicle Payment	17a	\$296.00
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c.	
	17d. Other. Specify:	17d.	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
19.	Other payments you make to support others who do not live with you.	19	

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Deb	tor 1	Linda L Artman	Case number (if known)	21-11590
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a	
	20b.	Real estate taxes	20b	
	20c.	Property, homeowner's, or renter's insurance	20c	
	20d.	Maintenance, repair, and upkeep expenses	20d	_
	20e.	Homeowner's association or condominium dues	20e	
21.	Othe	r. Specify:	21. +_	
22.	Calcu	ulate your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$3,112.00
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	_
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,112.00
23.	Calcu	ulate your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$4,076.00
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$3,112.00
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$964.00
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you f	ile this form?	
		xample, do you expect to finish paying for your car loan within the year or do you ex ent to increase or decrease because of a modification to the terms of your mortgage		
		No.		
		Yes. Explain here: None.		

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Debtor 1	Linda L Artman	Case number (if known)	21-11590
6a. <u>Electri</u> Oil	city, heat, natural gas (details):	` <i>'</i>	\$50.00
Electr	ic		\$125.00

Total:

\$175.00

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Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	Linda First Name	L Middle Name	Artman Last Name	
Debtor 2 (Spouse, if filing)		Middle Name	Last Name	
United States Ba	nkruptcy Court fo	r the: EASTERN DIS	T. OF PENNSYLVA	NIA
Case number (if known)	21-11590			

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$191,843.19
	1b. Copy line 62, Total personal property, from Schedule A/B	\$27,436.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$219,279.19
F	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$191,692.78
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$3,113.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$73,186.77
	Your total liabilities	\$267,992.55
4.	art 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I)	
~• .	Copy your combined monthly income from line 12 of Schedule I	\$4,076.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$3,112.00

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Deb	otor 1	Linda L Artman	Case number (if known) 21-11590			
P	art 4:	Answer These Questions for Administrative and Statis	stical Records			
6.	Are yo	u filing for bankruptcy under Chapters 7, 11, or 13?				
	□ No ☑ Ye	 You have nothing to report on this part of the form. Check this box and es 	submit this form to the court with your other schedules.			
7.	What kind of debt do you have?					
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.					
		our debts are not primarily consumer debts. You have nothing to report is form to the court with your other schedules.	t on this part of the form. Check this box and submit			
8.		he Statement of Your Current Monthly Income: Copy your total current Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14	*			
9.	Copy t	he following special categories of claims from Part 4, line 6 of Schedu	ule E/F:			

		Total claim
From Part 4 on Schedule E/F, copy the following	j :	
9a. Domestic support obligations. (Copy line 6a.)		\$0.00
9b. Taxes and certain other debts you owe the gov	vernment. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you w	vere intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)		\$0.00
9e. Obligations arising out of a separation agreem priority claims. (Copy line 6g.)	ent or divorce that you did not report as	\$0.00
9f. Debts to pension or profit-sharing plans, and o	ther similar debts. (Copy line 6h.)	÷ \$0.00
9g. Total. Add lines 9a through 9f.		\$0.00

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		Do	cument	Page 40 of	40		
Fill in this inf	ormation to iden	tify your case	:				
Debtor 1	Linda First Name	L Middle Name	Artman Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bar	nkruptcy Court for the	: EASTERN DIS	T. OF PENNS	SYLVANIA			
Case number (if known)	21-11590					Check if	
Official Form	106Dec						
Declaration	About an Indi	vidual Debt	or's Sche	dules			12/15
You must file this concealing proper \$250,000, or impri	form whenever you fry, or obtaining monsonment for up to 20	file bankruptcy so ney or property by	chedules or ar y fraud in conr	mended schedul nection with a ba	es. Making a fal ankruptcy case c	lse statement,	nes up to
Did you pay o	or agree to pay some	one who is NOT	an attorney to	help you fill out	bankruptcy forr	ms?	
☑ No							
Yes. Na	ame of person				Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).		
Under penalty	y of perjury, I declare	e that I have read	l Alba a susana ama	and echodulos f			h-44h

Linda L Artman, Debtor 1

Emad E / trandin, Bobton

Date <u>06/28/2021</u> MM / DD / YYYY Signature of Debtor 2

Date

MM / DD / YYYY